

Staff Roster

Provider Name: \_\_\_\_\_ Provider No. \_\_\_\_\_

EMPLOYEE NAME	DISCIPLINE	JOB TITLE	LICENSE # DEA EXP DATE	EDUCATION DEGREE	RESUME	WORK SCHEDULE DAYS & HOURS	FTE %	COMMENTS

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**STAFFING PATTERNS**

DISCIPLINE	TOTAL # FOR EACH DISCIPLINE	TOTAL FTEs FOR EACH DISCIPLINE	% of Field Time FOR EACH DISCIPLINE
Psychiatrist			%
Psychologist			%
Physician			%
RN			%
LCSW			%
MSW			%
MFT			%
MH Rehab Specialist			%
PT			%
OT			%
			%
			%

Day Treatment Staff Pattern: (If Applicable)
